LEARNING OBSERVATION AND EVALUATION GRID

Scenario: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

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| **Legend**  **3**: Yes / performs / complete  **2**: Partially (performs / complete with mistakes or delay)  **1**: No / does not / does not complete  **NA**: Not applicable to scenario | | | | | |
| **Dimension** | **Indicators** | | **3** | **2** | **1** | **NA** | **Professor’s remarks** | |
| Initial evaluation | Context evaluation | |  |  |  |  |  | |
| Signs and symptoms evaluation | |  |  |  |  |
| Clinical data evaluation | |  |  |  |  |
| Intervention | Preparation of necessary material | |  |  |  |  |  | |
| Priority management | |  |  |  |  |
| Implementation of expected interventions | |  |  |  |  |
| Respect of recommendations | |  |  |  |  |
| Re-evaluation | Re-evaluation of the person | |  |  |  |  |  | |
| Re-evaluation of the situation | |  |  |  |  |
| Suitability of interventions based on re-evaluation | |  |  |  |  |
| Relation / Communication | Establishes the relation | |  |  |  |  |  | |
| Provides psychological support | |  |  |  |  |
| Respects the person / family | |  |  |  |  |
| Team work | Respects professional boundaries | |  |  |  |  |  | |
| Integration of the different team members | |  |  |  |  |
| Presence of mutual help | |  |  |  |  |
| Presence of clear leadership | |  |  |  |  |
| Presence of assertive behaviour | |  |  |  |  |
| Presence of effective communication between participants | |  |  |  |  |
| Proactive conflict and problem solving | |  |  |  |  |
| Respect of recommendations | |  |  |  |  |
| Information management | Structured communication of information | |  |  |  |  |  | |
| Information recording | |  |  |  |  |
| Confidentiality is ensured | |  |  |  |  |
| Respect of orders / prescriptions | |  |  |  |  |
| Security in practice | Guarantee personal security | |  |  |  |  |  | |
| Guarantee the environment security | |  |  |  |  |
| Guarantee the patient’s security | |  |  |  |  |
| Reflexivity and self-evaluation | Recognises the strengths of the intervention | |  |  |  |  |  | |
| Recognises the aspect of the intervention to be improved | |  |  |  |  |
| Knowledge / action relationship | |  |  |  |  |

Positive aspects:

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Aspects to improve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Descriptive document**

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| **Dimension** | | **Indicators** |
| **Designation** | **Description** |  |
| Initial evaluation | Collects information about the patient, family, clinical process, other professionals and the environment. | Evaluates the context (smells, risks, infusions, resources ...) Evaluates the signs and symptoms (vital signs, complaints, ...) Evaluates clinical data (imaging, analysis, clinical history, ...) |
| Intervention | After collecting the information, a clinical judgement is established and decisions taken to implement interventions adapted to the patient’s situation.  Actions are implemented according to the available recommendations and priorities. | Prepares the necessary material (collects and prepares the material necessary to interventions)  Manages priorities (performs actions according to priorities) Performs expected interventions Respects the recommendations (the actions are performed in compliance with scientific recommendations and principles) |
| Re-evaluation | After implementing the interventions, the patient and the situation are re-evaluated to confirm their effectivity.  Interventions are adjusted based on the re-evaluation | Re-evaluates the patient (complaints, signs and symptoms, vital signs, ...) Appropriate interventions based on the re-evaluation (frequency of perfusions, oxygen concentration, ...) |
| Relation / Communication | During the process, a quality relationship is established with the patient, respecting the person in their whole. | Establishes a relationship (introduces themselves, communicates with the patient by their name, adapted tone of voice, active listening, language adapted to the person and context, use of non-verbal language, touch, remains sympathetic and available ...) Provides psychological support (remains available, makes the expression of feelings and emotions easier, respects limits, assistance responses...) Respects the person / family (intimacy, private life, equality, autonomy, implements individualised cares ...) |
| Team work | During the process, there is a high quality relation between the team members, with clear leadership and efficient communication. | There is mutual help (all elements work together to a common purpose)  There is clear leadership There is efficient communication between participants recommendations are respected |
| Information management | The information is selected, valorised, treated and communicated in a clear and structured way.  Information confidentiality is guaranteed.  Orders and prescriptions are respected. | Selects relevant information Structured communication of information Recording of information Fulfils the patient’s / legal representative’s orders Applies other professionals’ prescriptions or justifies their non-respect Guarantees confidentiality |
| Security in practice | During the process, the security of all stakeholders is guaranteed, with minimisation of risks and in compliance with recommendations regarding asepsis and antisepsis | Guarantees personal security (use of PPE)  Prevention and / or minimisation of risks, ... Guarantees the environment security (cleaning, antisepsis, ventilation, equipment stability, ...)  Guarantees the patient’s security (prevents and / or minimises risks for the patient / family, complies with asepsis measures, ...) |
| Reflexivity and self-evaluation | During debriefing, it is possible to recognise reflexion and self-evaluation ability. | Recognises the strengths of the intervention  Recognises the aspects of the intervention to improve and the necessary individual responsibilities to do so.  Justifies the action with scientific knowledge and evidences. |